



## WATER USE REGISTRATION FORM -GENERAL USE-

GENERAL INSTRUCTIONS -Please complete the following form by filling in the requested information to the best of your ability. This form is generic in nature. If a particular entry does not apply to your facility, indicate N.A. (not applicable) in the space provided. A topographic map at a scale of 1:25,000 metric, 1:24,000 English, or larger, must be included. The map should depict all data included on the most current version of the United States Geological Survey topographic quadrangle map of the same geographical area and identify the location of your facility and its point(s) of withdrawal and/or discharge.

**Return to NHDES, NH Geological Survey, PO Box 95, Concord, NH 03302-0095.**

**NAME OF USER** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_  
PO Box – Street#

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**NAME OF FACILITY** \_\_\_\_\_

**LOCATION OF FACILITY** \_\_\_\_\_  
PO Box - Street

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**CONTACT PERSON** \_\_\_\_\_  
Name Title

**PHONE** \_\_\_\_\_

### PRIMARY TYPE OF USE (CHECK):

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Public Water Supply  | <input type="checkbox"/> Irrigation (Golf Course)    | <input type="checkbox"/> Snowmaking    | <input type="checkbox"/> Power Production (Biomass)       |
| <input type="checkbox"/> Wastewater Treatment | <input type="checkbox"/> Irrigation (Athletic Field) | <input type="checkbox"/> Aquaculture   | <input type="checkbox"/> Power Production (Fossil Fuel)   |
| <input type="checkbox"/> Commercial           | <input type="checkbox"/> Irrigation (Landscape)      | <input type="checkbox"/> Mining        | <input type="checkbox"/> Power Production (Geothermal)    |
| <input type="checkbox"/> Industrial           | <input type="checkbox"/> Irrigation (Log Spraying)   | <input type="checkbox"/> Bottled Water | <input type="checkbox"/> Power Production (Hydroelectric) |
| <input type="checkbox"/> Institutional        | <input type="checkbox"/> Dust Control                | <input type="checkbox"/> Domestic      | <input type="checkbox"/> Power Production (Nuclear)       |

Please specify other type if not found above: \_\_\_\_\_

**NORTH AMERICAN INDUSTRY CLASSIFICATION CODE** \_\_\_\_\_

**OR**

**STANDARD INDUSTRIAL CLASSIFICATION CODE** \_\_\_\_\_

**ADDITIONAL INFORMATION**

Is water recycled? [Y] [N]

Percent Recycled \_\_\_\_\_

Is wastewater reclaimed? [Y] [N]

Percent Reclaimed \_\_\_\_\_

**SECONDARY TYPE OF USE (CHECK ALL THAT APPLY):**☐ Domestic/Sanitary☐ Heating/Cooling☐ Irrigation☐ Dust ControlIf Domestic or Sanitary Use

# of Employees Served \_\_\_\_\_ # of Fixtures \_\_\_\_\_ Type of Fixtures \_\_\_\_\_

If Heating or Cooling Water☐ Boiler Makeup☐ Boiler Blowdown☐ Contact☐ Non ContactIf Irrigation

Acres Irrigated \_\_\_\_\_ Type of Irrigation \_\_\_\_\_

**ESTIMATED USAGE****IN UNITS OF (check one)**

AVG Daily Use \_\_\_\_\_

☐ GALS ☐ CU.FT.

MAX Daily Use \_\_\_\_\_

☐ \_\_\_\_\_ (other)

Annual Use \_\_\_\_\_

☐ The water use at this facility is below the 20,000 gpd threshold. Please register my **exemption**☐ The water use at this facility is below the 20,000 gpd threshold but I would like to report water use**ARE ANY OF THE FOLLOWING WATER PERMITS HELD? ☐ YES ☐ NO**☐ NPDES Permit# \_\_\_\_\_☐ FERC Permit# \_\_\_\_\_☐ PUBLIC WATER SUPPLY Permit# \_\_\_\_\_☐ GROUNDWATER DISCHARGE Permit# \_\_\_\_\_

Avg. Daily Discharge to Ground Water \_\_\_\_\_ Max Daily Discharge to Ground Water \_\_\_\_\_

☐ LARGE GROUND WATER WITHDRAWAL Permit# \_\_\_\_\_☐ INDUSTRIAL PRE-TREATMENT Permit# \_\_\_\_\_☐ ANY 401 Water Quality certificate or wetland permit stipulating withdrawal amounts \_\_\_\_\_☐ Other Permit Type \_\_\_\_\_ Other Permit # \_\_\_\_\_

## SOURCE/DESTINATION INFORMATION

(Show locations on the map)

### **PRIMARY SOURCE INFORMATION:** (USE PAGE 4 FOR ADDITIONAL SOURCES)

**SOURCE 1:** Source Name: \_\_\_\_\_

☐ Ground Water      ☐ Surface Water      ☐ Supplied by Others \_\_\_\_\_  
(specify water supplier)

If ground water, type of well

☐ Drilled in gravel      ☐ Drilled in bedrock      ☐ Dug      ☐ Other (describe) \_\_\_\_\_

Source Location: \_\_\_\_\_  
Street Town Zip

Is this source for a specific type of water use? ☐ YES ☐ NO Type: \_\_\_\_\_

Method of Measurement: ☐ Meter ☐ Flume/Weir ☐ Other \_\_\_\_\_

Facility Physical Limit \_\_\_\_\_ (Units) \_\_\_\_\_  
(Maximum amount of water which can be withdrawn)

Please describe the factors affecting the facility physical limit: \_\_\_\_\_  
(pump capacity, permit limit, etc.)

### **PRIMARY DESTINATION INFORMATION:** (USE PAGE 5 FOR ADDITIONAL DESTINATIONS)

**DESTINATION 1:** Destination Name: \_\_\_\_\_

☐ Ground Water      ☐ Surface Water      ☐ Delivered to Others  
☐ Snowmaking      ☐ Irrigation  
☐ Other (describe) \_\_\_\_\_

Destination Location: \_\_\_\_\_  
Street Town Zip

Is this destination for a specific type of water use? ☐ YES ☐ NO Type: \_\_\_\_\_

Method of Measurement: ☐ Meter ☐ Flume/Weir ☐ Other \_\_\_\_\_

Facility Physical Limit \_\_\_\_\_ (Units) \_\_\_\_\_  
(Maximum amount of water which can be withdrawn)

Please describe the factors affecting the facility physical limit: \_\_\_\_\_  
(pump capacity, permit limit, etc.)

## **ADDITIONAL SOURCES**

**SOURCE 2:** Source Name: \_\_\_\_\_

☐ Ground Water      ☐ Surface Water      ☐ Supplied by Others \_\_\_\_\_  
(specify water supplier)

If ground water, type of well

☐ Drilled in gravel      ☐ Drilled in bedrock      ☐ Dug      ☐ Other (describe) \_\_\_\_\_

Source Location: \_\_\_\_\_  
Street Town Zip

Is this source for a specific type of water use? ☐ YES ☐ NO Type: \_\_\_\_\_

Method of Measurement: ☐ Meter ☐ Flume/Weir ☐ Other \_\_\_\_\_

Facility Physical Limit \_\_\_\_\_ (Units) \_\_\_\_\_  
(Maximum amount of water which can be withdrawn)

Please describe the factors affecting the facility physical limit: \_\_\_\_\_  
(pump capacity, permit limit, etc.)

**SOURCE 3:** Source Name: \_\_\_\_\_

☐ Ground Water      ☐ Surface Water      ☐ Supplied by Others \_\_\_\_\_  
(specify water supplier)

If ground water, type of well

☐ Drilled in gravel      ☐ Drilled in bedrock      ☐ Dug      ☐ Other (describe) \_\_\_\_\_

Source Location: \_\_\_\_\_  
Street Town Zip

Is this source for a specific type of water use? ☐ YES ☐ NO Type: \_\_\_\_\_

Method of Measurement: ☐ Meter ☐ Flume/Weir ☐ Other \_\_\_\_\_

Facility Physical Limit \_\_\_\_\_ (Units) \_\_\_\_\_  
(Maximum amount of water which can be withdrawn)

Please describe the factors affecting the facility physical limit: \_\_\_\_\_  
(pump capacity, permit limit, etc.)

## **ADDITIONAL DESTINATIONS**

**DESTINATION 2:** Destination Name: \_\_\_\_\_

☐ Ground Water      ☐ Surface Water      ☐ Delivered to Others  
☐ Snowmaking      ☐ Irrigation  
☐ Other (describe) \_\_\_\_\_

Destination Location: \_\_\_\_\_  
Street Town Zip

Is this destination for a specific type of water use? ☐ YES ☐ NO Type: \_\_\_\_\_

Method of Measurement: ☐ Meter ☐ Flume/Weir ☐ Other \_\_\_\_\_

Facility Physical Limit \_\_\_\_\_ (Units) \_\_\_\_\_  
(Maximum amount of water which can be withdrawn)

Please describe the factors affecting the facility physical limit: \_\_\_\_\_  
(pump capacity, permit limit, etc.)

**DESTINATION 3:** Destination Name: \_\_\_\_\_

☐ Ground Water      ☐ Surface Water      ☐ Delivered to Others  
☐ Snowmaking      ☐ Irrigation  
☐ Other (describe) \_\_\_\_\_

Destination Location: \_\_\_\_\_  
Street Town Zip

Is this destination for a specific type of water use? ☐ YES ☐ NO Type: \_\_\_\_\_

Method of Measurement: ☐ Meter ☐ Flume/Weir ☐ Other \_\_\_\_\_

Facility Physical Limit \_\_\_\_\_ (Units) \_\_\_\_\_  
(Maximum amount of water which can be withdrawn)

Please describe the factors affecting the facility physical limit: \_\_\_\_\_  
(pump capacity, permit limit, etc.)

# **WATER USE REGISTRATION FORM**

## **LINE BY LINE INSTRUCTIONS**

### **LOCATION MAP GUIDANCE**

A location map must be included with the water use registration. The base map should meet the following minimum requirements.

- TOPOGRAPHIC BASE
- USGS QUADRANGLE NAME AND DATE OF LAST REVISION
- SCALE SHOWN (preferably 1:24,000 or larger)
- NORTH ARROW
- DISTANCE AND DIRECTION TO NEAREST TOWN OR CITY  
IF NOT SHOWN ON MAP

The following locations should be marked on the map with the symbols shown. If your water is obtained from or delivered to another facility, as identified on the form, only mark the facility location on the map.

- |   |   |                                      |
|---|---|--------------------------------------|
| F | - | Facility                             |
| S | - | Withdrawal Point (S1, S2, S3, . . .) |
| D | - | Discharge Point (D1, D2, D3, . . .)  |

### **GENERAL INFORMATION**

**NAME OF USER** - This is the name of the owner of the facility. It can be a private or public corporation, institution, city, town, business or individual. Examples include, ABC Water Company, DF Manufacturing, GHI Nursing Home, Town of Swiftwater, etc.

**MAILING ADDRESS** - This is the address to which all correspondence should be sent.

**NAME AND LOCATION OF FACILITY** - This is the location of the point of use, the water treatment plant, factory, hospital, etc. The facility may be in a different location from the business office. If a water user has two or more facilities at different locations, EACH FACILITY MUST BE REGISTERED SEPARATELY. The facility location must be identified on an accompanying location map.

**CONTACT PERSON** - This is the person who is responsible for measuring water usage and completing the reporting form. It may be a supervisor, maintenance foreman or treatment plant operator.

**PRIMARY TYPE OF USE** - This describes the primary purpose for the use of water. Check the appropriate box. Write in a description after "other" if necessary.

**NORTH AMERICAN INDUSTRY CLASSIFICATION CODE - (NAIC Code)** If your facility has a NAIC code, please write the number in the space provided.

**STANDARD INDUSTRIAL CLASSIFICATION CODE - (SIC Code)** If your facility has a SIC code, please write the number in the space provided.

### **ADDITIONAL INFORMATION**

**IS WATER RECYCLED** – Please indicate if water is recycled and estimate the percentage of water that is recycled.

**IS WASTEWATER RECLAIMED** – Please indicate if wastewater is reclaimed and the percentage of wastewater that is reclaimed.

**SECONDARY TYPE OF USE** – Please identify all secondary types of use at the facility by placing a check next to all items that apply.

**IF DOMESTIC OR SANITARY USE** – If water is used for domestic purposes please provide information on the number of employees, number of fixtures, and the type of fixtures.

**IF HEATING OR COOLING** – If water is used for heating and/or cooling please indicate by checking if used for boiler makeup, boiler blowdown, contact cooling water, or non-contact cooling water.

**IF IRRIGATION** – If water is used for irrigation, please indicate the number of acres irrigated, and the type of irrigation performed.

### **ESTIMATED USAGE**

**ESTIMATED USAGE** – Please estimate the average daily use, maximum daily use, and total annual use at the facility.

**IN UNITS OF** – Please indicate how the volumes in estimated usage are expressed; gallons, or cubic feet, etc.

### **OTHER PERMITS**

**ARE ANY OF THE FOLLOWING WATER PERMITS HELD** - Please indicate which, if any permits are held by checking the appropriate boxes and listing permit numbers. This will allow us to coordinate our data collection with other agencies to which you may already be reporting other information, possibly avoiding the need for duplicate reporting of water use quantities.

## **SOURCE INFORMATION**

Please complete a source information section for each source used and mark the source location on the location map if you withdraw ground or surface water. Please note that intra facility transfers of water should be treated as separate sources. For example, if water is withdrawn from a well to fill a pond and the water in the pond is then used for irrigation – both the well and the pond should be treated as individual sources.

**SOURCE NAME** - Please indicate the name of the well, wellfield, stream, river, lake, or supplier. If water is received from a supplier please include the name of the public water supplier.

**GROUND WATER** - Check this box if you withdraw water from wells or springs. A group of wells in one area which constitute a wellfield can be reported as one source. Indicate the type of well construction by checking the appropriate box.

**SURFACE WATER** - Check this box if you withdraw water from a lake, pond, river, stream, wetland or tidal waters.

**SUPPLIED BY OTHERS** - Check this box if your water is supplied by a public or private water supplier and indicate the public water supplier.

**IF GROUNDWATER, TYPE OF WELL** – If you indicated that the source is a groundwater source, please indicate the type of well used to withdraw water.

**SOURCE LOCATION** - If the source is next to the facility write "same". If the water is withdrawn from a source more than a half mile away, please describe the source location. In addition to the description please mark the source location on a map.

**SOURCE USE** – Please identify if the source is designated for a specific water use and identify the type of use (if applicable).

**METHOD OF MEASUREMENT** – Please indicate the measurement method technique used for the source by checking the appropriate box. Please describe other measuring techniques as appropriate.

**FACILITY PHYSICAL LIMIT** - This is the maximum amount of water which could be withdrawn with the present pumps, intakes, wells, pipes, etc. You probably do not use this much water but this is the limitation imposed by size of the system. Please identify the units used.

**PHYSICAL LIMIT FACTORS** - Please indicate the factors that affect the physical limit identified above.



## **DESTINATION INFORMATION**

Please complete a destination information section for each point of discharge and mark the destination location on the location map if you discharge water to surface or ground water. Please note that intra facility transfers of water should be treated as separate destinations. For example, if water is withdrawn from a well to fill a pond and the water in the pond is then used for irrigation – both the pond and area of irrigation should be treated as individual destinations.

**DESTINATION NAME** - Please identify the name of the wellfield, stream, river, lake, or other water recipient as you know it.

**GROUND WATER** - Check this box if you discharge water into a leach field, or injection well.

**SURFACE WATER** - Check this box if you discharge water to a stream, river, lake, pond, wetland or tidal waters.

**DELIVERED TO OTHERS** - Check this box if you deliver water either to other water users or a waste water treatment facility.

**SNOWMAKING** – Check this box if the water is used for snowmaking purposes.

**IRRIGATION** – Check this box if water is used for irrigation purposes.

**DESTINATION LOCATION** - If the destination is next to the facility write "same". If the water is released at a point more than a half mile away, please describe the destination location. In addition to the description please mark the destination location on a map.

**DESTINATION USE** - Please identify if the destination is designated for a specific water use and identify the type of use (if applicable).

**METHOD OF MEASUREMENT** – Please indicate the measurement method technique used for the destination by checking the appropriate box. Please describe other measuring techniques as appropriate.

**FACILITY PHYSICAL LIMIT** - This is the maximum amount of water which could be discharged with the present pumps and pipes. You probably do not discharge this much water but this is the limitation imposed by the size of the system. Please identify the units used.

**PHYSICAL LIMIT FACTORS** - Please indicate the factors that affect the physical limit identified above.